**APPLICATION FOR MEMBERSHIP**

LIFE MEMBERSHIP

**Affix Passport Size Photograph**

**NAME:** LAST NAME FIRST NAME MIDDLE NAME

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEX : M / F** | | | **DATE OF BIRTH:** | DD/MM/YYYY  **DD/MM/YYYY** |
| **MEDICAL REGISTRATION NUMBER :** | | |  | |
| MAILING ADDRESS: PINCODE: | | | ACADEMIC POSITION  (HOSPITAL AFFILIATION) | |
| PHONE NO.: | | | FAX NO.: | |
| EMAIL: | | | MOBILE: | |
| POSTGRADUATE DEGREES | | | | |
| YEAR OF DEGREE:  BRANCH/SPECIALITY/SUPER SPECIALITY:  UNIVERSITY: STATE: COUNTRY: |  |  |  |  |
| NO. OF BRONCHOSCOPY DONE BY YOU PER MONTH: | FIBREOPTIC: | | RIGID: | |
| INTRODUCED BY 1 | SIGNATURE: | | | |
| NAME: | | | |
| ADDRESS: | | | |
| INTRODUCED BY 2 | SIGNATURE: | | | |
| NAME: | | | |
| ADDRESS: | | | |

MEMBERSHIP No. ALLOTTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF THE APPLICANT

MEMBERSHIP AMOUNT TO BE PAID TO IAB: Rs. 7,000/-

For payment options see next page.

**PAYMENT OPTIONS:**

1. **PAYMENT BY CASH/DD/CHEQUE PAYABLE AT MUMBAI**

**(FOR CHEQUES PAYABLE OUTSIDE OF MUMBAI, PLEASE ADD RS. 100.00)**

**MAKE CHEQUE/DD PAYABLE TO “INDIAN ASSOCIATION FOR BRONCHOLOGY”**

1. **DIRECT TRANSFER**

**NAME OF ACCOUNT: INDIAN ASSOCIATION FOR BRONCHOLOGY**

**NAME OF BANK: KOTAK MAHINDRA BANK**

**ACCOUNT NUMBER: 8911170157**

**IFSC: KKBK0000647**

**BRANCH: CHURCHGATE**